



# HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

FORM ORG

B1540

HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

107 JAN 24 AM 10:35

For lobbying reporting period:	Contact person <u>Kendall K. Paulsen</u>	Phone <u>523-6369</u>
<input type="checkbox"/> January 1 - last day of February	Organization <u>Kamehameha Schools</u>	
<input type="checkbox"/> March 1 - April 30	Mailing Address <u>567 South King St., Ste. 400</u>	
<input checked="" type="checkbox"/> May 1 - December 31	<u>Honolulu, Hawaii 96813</u>	
Year of Report 20 <u>06</u>		

## PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 952.91

### EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	\$94.35
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists	\$858.91	11. Other disbursements	
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	\$952.91

## COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Linda L. O'Day	567 South King St., Ste. 400 Hon., HI 96813	\$858.56
Jon Okudara	99-1362 Palaialii Street Aiea, HI 96701	-0-

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☐ This section is not applicable

☒ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value
Sen. B. Taniguchi 415 S. Beretania St., Hawaii State Capitol Rm. 210	\$55.41
Rep. S. Luke 415 S. Beretania St., Hawaii State Capitol Rm. 302	\$38.94

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value
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## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value
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## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

I hereby certify that the statements made above are correct and complete to the best of my knowledge

(Signature of authorized person)

(Date)

Name of authorized person (type or print) Kendall K. Paulsen

Title of authorized person Director Community Relations, Kamehameha Schools